SUMMARY SHEET

(1)	(2)	(3)
(1)	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto	\$471,186	+ 3%
4. Burglary and Theft		<u>.</u> <u>.</u>
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage	-	
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		_
15. Other Medical Malpractice		
Line of Insurance		
Does filing only apply to certain territory (territorie	s) or certain classes? If so, speci	fy:
Applies to all territories and classes.		

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

SPRINGFIELD, ILLINOIS

American Home Assurance Co Name of Company

Filings Analyst
Official-Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change	in Company's premium or rate I	evel produced by rate revision effective	03/15/2008
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Aut	emobile Liability Private		
2 4	Passenger Commercial		
Z. Aut	omobile Physical Damage Private Passenger Commercial		
	ility Other Than Auto		
4. Bur	glary and Theft		
5. Glas	SS		
6. Fide			
7. Sur			
8. Boil	er and Machinery		· · · · · · · · · · · · · · · · · · ·
9. Fire			
	ended Coverage		
11. Inla	nd Marine		
	neowners		
	nmercial Multi-Peril		
14. Cro			
15. Oth	er <u>Dentist's Package Program</u> Line of Insurance	\$5,349,579.	+2.33%
Limits F. Brief de amendir our com Liability Program overall pindicated	actors and our Dentist's Professi scription of filing. (If filing following our Dentists Professional Liab pany multiplier and both compa Coverage. In addition, we are 's Professional Liability base rate proposed change for our Dentist	(territories) or certain classes? If so, specification on al Liability premiums. All territories are inverse and increased limit factors. We amy factors and territory factors to create expressing to use ISO's new increased swill be increasing by 5.2%, and, coupling Package Program is 5.0%. This is we in Dentist Package Property rates nor our IBOP change is 2.33%.	cify organization): In this filing, we are are using ISO Loss Costs and applying new rates for our Dentist Professional limit factors. Our Dentist Package this with an ILF change of -0.2%, our leads our Dentist Package Program
· · · · · · · · · · · · · · · · · · ·			
*Adjuste **Chang	d to reflect all prior rate changes e in Company's premium level w	hich will result from application of new rate	s.
		The Cincinnati Insu	rance Company - FEIN 31-0542366 Name of Company
	•	Connie Peterto	onjes - Senior Filings Specialist Official - Title

RECEIVED
NOV - 1 2007

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate lev	el produced by rate revision effective	03/15/2008
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Dentist's Professional Liability Line of Insurance Does filing only apply to certain territory (tellimits Factors and our Dentist's Professional Private Passenger Commercial	erritories) or certain classes? If so, specify:	+4.91%
Brief description of filing. (If filing follows amending our Dentists Professional Liabilit our company multiplier and both company Liability Coverage. In addition, we are proprofessional Liability base rates will be incorproposed change for our Division Seven-increase of 4.9%.	rates of an advisory organization, specify rates and increased limit factors. We are a factors and territory factors to create a posing to use ISO's new increased limit factors by 5.04%, and, coupling this with	fy organization): In this filing, we are re using ISO Loss Costs and applying ew rates for our Dentist Professional actors. Our Division Seven - Dentist's an ILF change of -0.13%, our overall
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	The Cincinnati Insura	ance Company - FEIN 31-0542366 Name of Company njes - Senior Filings Specialist Official - Title
		NOV - 1 2007 IDEATH (MIPC) DIVISION OF INSURANCE SPRINGHELD

APRO-07-7505-IL

SUMMARY SHEET

	Change in Company's premium or rate	level produced by rate revision effective	12/20/07
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	\$3,342,225	-5.5
3. 4.	Burglary and Theft	\$3,342,223	-J.J
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners /		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other		
	Line of Insurance		
res f	iling only apply to certain territory (terr	itories) or certain classes? If so, specify:	
	filing applies to all territories		
rief d	escription of filing. (If filing follows r	ates of an advisory organization, specify o	organization):
his t	filing proposes a rate and rule revision	to its Psychiatrists Professional Liability P	rogram.
_	ljusted to reflect all prior rate changes.		

** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

NOV 27 2007

SPRINGFIELD, ILLINOIS

National Union Fire Insurance Compay of Pittsburgh, Pa.

Name of Company

Myron Harry - Filings Analyst
Official - Title

H29219D